

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
FAX (605)773-4550

**AMENDED REGISTRATION
OF A
FOREIGN LIMITED PARTNERSHIP**

FILING FEE: \$100

1. The name of the foreign limited partnership is _____

2. The date of filing the certificate is _____

3. The state of its formation is _____

4. The amendment to the certificate is:

Dated _____

Signature of General Partner

Signature of General Partner *

State of _____

County of _____

On this the _____ day of _____, 20____, before me _____, the undersigned officer, personally appeared _____, known to me or satisfactorily proved to be the person whose name is subscribed to the within instrument and acknowledged executing the same for the purposes therein contained. In witness whereof I have hereunto set my hand and official seal.

My Commission Expires

Notary Public Signature

Notary Seal

Submit one original and one copy

*** A certificate of amendment must be signed by at least one general partner and by each other general partner designated as the new general partner.**